Attorney's Docket No: 21249-014US1 Client's Ref. No. LDR/10/US

## OFFICIAL COMMUNICATION FACSIMILE:

OFFICIAL FAX NO: (571) 273-8300

RECEIVED
CENTRAL FAX CENTER

APR 1 7 2007

Number of pages including this page

Applicant: Beaurain et al.

Art Unit : 3733

Serial No.: 10/533,846

Examiner: TBD

Filed

: November 11, 2005

Title

: Intervertebral Disk Prosthesis

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Attached for filing in the above referenced case, please find a Preliminary Amendment (11 pages) dated April 17, 2007.

Respectfully submitted.

Date: April 17, 2007

Steve Lauff Reg. No. 58,830

Fish & Richardson P.C. One Congress Plaza Suite 810 111 Congress Avenue Austin, TX 78701

Telephone: (512) 472-5070

Fax: (512) 320-8935

11018209.doc

NOTE: This facsimile is intended for the addressee only and may contain privileged or confidential information. If you have received this facsimile in error, please immediately call us collect at (512) 472-5070 to arrange for its return. Thank you.

Attorney's Docket No.: 21249-014US1 / LDR/10/US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Beaurain, et al.

Art Unit : 3733

RECEIVED

Serial No.: 10/533,846

Examiner: Unknown

CENTRAL FAX CENTER

Filed

: November 11, 2005

Conf. No.: 7881

APR 1 7 2007

Title

: INTERVERTEBRAL DISK PROSTHESIS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## PRELIMINARY AMENDMENT

Prior to examination, Applicants request amendment of the application as set forth on the following pages:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Complete Listing of Claims begins on page 4 of this paper.

Remarks begin on page 11 of this paper.

CERTIFICATE OF TRANSMISSION BY FACSIMILE UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being transmitted by facsimile to the Central FAX number (571-273-8300) of the Patent and Trademark Office on the date indicated below.

Date of Transmission

Signature

Angela Trampel

Typed or Printed Name of Person Signing Certificate